URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 11 1960

-60-033680

STATE FILE NUMBER

NDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b	c. CITY OR TOWN LaBelle — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital & Clinic — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Etta Middle: M. Florea Last: Patrick		4. DATE OF DEATH Month Day Year: October 5, 1960	
5. SEX: female	6. COLOR OR RACE: white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 8-11-83
9. AGE (last birthday): 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Scotland County, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James DeMoss	13b. MOTHER'S MAIDEN NAME: Sarah White	14. NAME OF HUSBAND OR WIFE: Ernest Patrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: Alvin Florea, Edina, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio sclerotic Heart Disease — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-4-60, to 10-5-60 and last saw her alive on 10-5-60

Death occurred at 11 35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard H Stillwell D.D.	22b. ADDRESS: Kirksville, Mo.	22c. DATE SIGNED: 10-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/7/1960	23c. NAME OF CEMETERY OR CREMATORY: Knox City Cemetery	23d. LOCATION (City, town, or county) (State): Knox City, Mo.
24. FUNERAL DIRECTOR: J. Soder Jr.	ADDRESS: LaBelle, Mo.	25. DATE RECD. BY LOCAL REG.: 10-5-1960	26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

RICHARD H. STILL, JR., D.O.

OCT 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Myself, Student Embalmer No.

working under my personal supervision.

Student _____ Signed J. Cader Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4328

P. O. Address LaBelle, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.